

Clerk of the House of Representatives
 Legislative Resource Center
 B-106 Cannon Building
 Washington, DC 20515

Secretary of the Senate
 Office of Public Records
 232 Hart Building
 Washington, DC 20510

SECRETARY OF THE SENATE
 00 AUG 18 AM 9:39

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name BCBSM, INC (32499000)			
2. Address <input type="checkbox"/> Check if different than previously reported PO Box 64560, Mail Station 3--7			
3. Principal Place of Business (if different from line 2) City: St. Paul State/Zip (or Country): Minnesota 55164			
4. Contact Name Robert Mills	Telephone (651) 462-8029	E-mail (optional)	5. Senate ID # 5687-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>32,874.40</u> <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature

Mary Prentnieks

Mary Prentnieks, Sr. Policy Counsel

Printed Name and Title

Registrant Name BCBSM, INC Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues
Medical Records

17. House(s) of Congress and Federal agencies contacted Check if None
House
Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
<u>Mary Prentnieks</u>	<u>Sr. Policy Counsel</u>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Mary Prentnieks Date _____
Printed Name and Title Mary Prentnieks Sr, Policy Counsel

Registrant Name BCBSM, Inc. Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

General issue area code MMH (one per page)

Specific lobbying issues

Medicaid Reform and Related Legislation
Medicare Reform

House(s) of Congress and Federal agencies contacted Check if None

Senate
House

Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Mary Prentnieks	Sr. Policy Counsel	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Mary Prentnieks Date _____
Printed Name and Title Mary Prentnieks Sr. Policy Counsel

Registrant Name ACBSM Client Name Self

LYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

General issue area code Gov (one per page)

Specific lobbying issues

Lobbying Reform
Federal Employees Health Benefits Program

House(s) of Congress and Federal agencies contacted Check if None

House
Federal

Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Mary Prentnieks	sr. Policy Counsel	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Mary Prentnieks Date _____

Name and Title Mary Prentnieks Sr. Policy Counsel

Registrant Name BCBSM Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

1. General issue area code Tax (one per page)

2. Specific lobbying issues Taxation and Health Plans

3. House(s) of Congress and Federal agencies contacted Check if None

House
Senate

4. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
<u>Mary Prentnieks</u>	<u>Sr. Policy Counsel</u>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Interest of each foreign entity in the specific issues listed on line 4 above Check if None

Signature *Mary Prentnieks* Date _____

Printed Name and Title Mary Prentnieks Sr. Policy Counsel

Registrant Name BCBSM Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

1. General issue area code INS (one per page)

2. Specific lobbying issues

Insurance Reform
Managed Care Issues

3. House(s) of Congress and Federal agencies contacted

House
Senate

Check if None

4. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
<u>Mary Prentnieks</u>	<u>Sr. Policy Counsel</u>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

5. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Mary Prentnieks* Date _____
Printed Name and Title Mary Prentnieks Sr. Policy Counsel

Registrant Name BCBSM Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

i. General issue area code LBR (one per page)

ii. Specific lobbying issues

Anti-Trust Issues for Providers

iii. House(s) of Congress and Federal agencies contacted

Check if None

House
Senate

iv. Name of each individual who acted as a lobbyist in this issue area

Name	Current Official Position (if applicable)	New
Mary Prentnieks	Sr. Policy Counsel	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Mary Prentnieks* Date _____
Printed Name and Title Mary Prentnieks Sr. Policy Counsel

Registrant Name BCBSM Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

5. General issue area code BUD (one per page)

6. Specific lobbying issues

Funding for Medicare Contractors

7. House(s) of Congress and Federal agencies contacted

Check if None

House
Senate

8. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
<u>Mary Prentnieks</u>	<u>Sr. Policy Counsel</u>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

9. Interest of each foreign entity in the specific issues listed on line 6 above

Check if None

Signature *Mary Prentnieks* Date _____

Printed Name and Title Mary Prentnieks Sr. Policy Counsel

LOBBYING REPORT ADDENDUM

Registrant Name BCBSM, INC.

Client Name SELF

Lines 1-7. Not applicable

8. General lobbying issue area code (enter one) PHA
9. Specific lobbying issues (include bill numbers and specific executive branch actions)

Pharmacy

10. Houses of Congress and Federal agencies contacted

HOUSE
SENATE

11. Name and title of each employee who acted as a lobbyist

Mary Prenticks, Sr. Policy Counsel

12. For registrants identifying foreign entities in the Lobbying Registration (Form LD-1, line 12) or any updates: Interest of each such foreign entity in the specific lobbying issues listed on line 9 above

Mary Prenticks

Form LD-2 (1/96)

Addendum
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LOBBYING REPORT ADDENDUM

Registrant Name BCBSM, INC.
Client Name SELF

Lines 1-7. Not applicable

8. General lobbying issue area code (enter one) TOR
9. Specific lobbying issues (include bill numbers and specific executive branch actions)
Torts

10. Houses of Congress and Federal agencies contacted

HOUSE
SENATE

11. Name and title of each employee who acted as a lobbyist

Mary Prentnicks, SR Policy Counsel

12. For registrants identifying foreign entities in the Lobbying Registration (Form LD-1, line 12) or any updates: Interest of each such foreign entity in the specific lobbying issues listed on line 9 above

Mary Prentnicks